



**JAN MAO INDUSTRIES CO., LTD.**

1F, NO.2-2, Alley 20, Lane 142, Sec. 6,  
Roosevelt Road, Taipei, Taiwan, R.O.C.  
Tel:886-2-2930-0381 Fax: 886-2-2931-2455  
E-mail: jewel88@ms27.hinet.net

**“ 510(k) SUMMARY ”**

K062218

AUG 16 2006

Submitter's Name: *JAN MAO INDUSTRIES CO., LTD.*

*No.181, Chu Liao Road, Ta Su Hsiang, Kao Hsiung  
Hsian, TAIWAN, 84045, ROC*

Date summary prepared:

July 25, 2006

Device Name:

Proprietary Name: JAN MAO, Wheelchair,  
JMC612-FL318EPP, JMC612-FL418EPP  
Common or Usual Name: Mechanical Wheelchair  
Classification Name: Mechanical Wheelchair, Class I,  
21 CFR 890.3850

Indications for Use:

The device is intended for medical purposes to provide mobility to persons restricted to a seated position.

Description of the device:

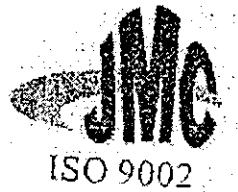
The JAN MAO Wheelchair, JMC612-FL318EPP ( & JMC612-FL418EPP ) is indoor / outdoor wheelchair that has a base with four-wheeled with a seat. The device can be disassembled for transport and it is foldable easily. The device uses a standard sling type back and seat, the upholstery fabric meets the California Technical Bulletin CAL 117 standard for flame retardant.

Performance Testing:

JAN MAO Wheelchair, JMC612-FL318EPP ( & JMC612-FL418EPP ) meets the applicable performance requirements as specified in ANSI/RESNA WC vol. 1 and ISO 7176 Wheelchair Standards.

Legally marketed device for substantial equivalence comparison:

JAN MAO Wheelchair JMC612-F18EPP ( K051482 )



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Summary for substantial equivalence comparison:

From the above comparison table the predicate device (JMC612-F18EPP, K051482) and new devices (JMC612-FL318EPP & JMC612-FL418EPP) are the same. JMC612 series products. The intended use between the predicate device and new devices are the same. Mainframes of two devices are foldable. The overall dimensions are similar and the same weight capacity, same removable desk-length armrest and same swing-away detachable elevating footrest. Besides, back upholstery material is also the same resistance -ignitability fabric and also meets the California Technical Bulletin CAL 117 standard for flame retardant. The overall appearance differences are not safety aspect. So the new device is substantially equivalent to the predicate device.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

AUG 16 2006

JAN MAO INDUSTRIES CO., LTD.  
% Roc Chinese – European Industrial  
Dr. Ke-Min Jen  
No. 58 Fu-Chiun St.  
Hsin-Chu City,  
China (Taiwan) 300

Re: K062218

Trade/Device Name: JAN MAO Wheelchair, JMC612-FL318EPP, JMC612-FK418EPP  
Regulation Number: 21 CFR 890.3850  
Regulation Name: Mechanical wheelchair  
Regulatory Class: I  
Product Code: IOR  
Dated: July 25, 2006  
Received: August 1, 2006

Dear Dr Jen:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

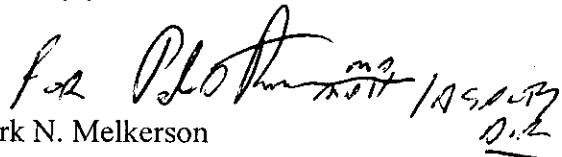
If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (240) 276-3150 or at its Internet address <http://www.fda.gov/cdrh/industry/support/index.html>.

Sincerely yours,

A handwritten signature in black ink, appearing to read "for Plotkin" followed by a date "1/25/07" and a small mark "D.L.".

Mark N. Melkerson  
Director  
Division of General, Restorative  
and Neurological Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure



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## Indications for Use

510 (K) Number ( If Known ):     K    

Device Name: JAN MAO Wheelchair,  
JMC612-FL318EPP, JMC612-FL418EPP

Indications for Use:

The device is intended for medical purposes to provide mobility to persons restricted to a sitting position.

Prescription Use \_\_\_\_\_

AND/OR

Over-The-Counter Use   ✓  

(Part 21 CFR 801 Subpart D)

(21 CFR 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE  
IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

**Division Sign-Off)**  
**Division of General, Restorative,**  
**and Neurological Devices**

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